

# VHRI Advisory Council:

## Status of Virginia's Exchange Activities

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*A Commonwealth of Opportunity*

# VHRI Process

## ▶ 2010 Report

- Virginia should create its own
- 10 Exchange Principles

## ▶ 2011 Report

- Based on three meetings
- Recommendations
  - Governance Structure: SCC or Quasi
  - One administrative structure for individual and SHOP
  - Benefit mandates same in and out
  - Allow both agents and navigators to assist with enrollment; some type of certification/training required
  - Passive Purchaser model
  - Small group 2-50

# Progress in CMS/CCIIO 11 Core Areas

## ► **Background Research (Planning grant and SHAP grant)**

- Market, ways to reduce adverse selection
- Projected Enrollment
- Employers' perspective on HBE

## ► **Stakeholder consultation**

- Virginia is for “public comment” lovers
- Written public comment formed basis of discussions
- Public Comment at the meetings

# Progress in CMS/CCIIO 11 Core Areas

## ▶ **State and regulatory actions**

- 2011: Intent to create and operate an exchange
- Conform Virginia's law and regulations to new market reforms

## ▶ **Governance Structure**

- Flexibility in hiring, procurement
- Membership
- Where housed

# Progress in CMS/CCIIO 11 Core Areas

## ► Program Integration

- DSS and eligibility systems integration
- DMAS, eligibility and enrollment
- BOI: Plan management, regulations
- VDH/MCHIP unit: Network adequacy, quality

## ► Exchange IT Systems

- APD and RFP
- Funding: 90/10, 100%
- eHHR office formed
- Timeline

# Progress in CMS/CCIIO 11 Core Areas

## ► Financial Management

- Billing
- Fees
- Financial stability in 2015

## ► Program Integrity: TBD

- Will request for support in Level 1 Grant

# Progress in CMS/CCIIO 11 Core Areas

## ► Health Insurance Market Reforms

- HB 1958
- PWC/BOI Data Call
  - All health insurance companies licensed in Virginia and issuing major medical health insurance policies in individual, large employer, and small employer group markets were asked to submit specified data on their book of business. 100% response rate for individual business; 90 percent for small group markets; and 92% for large group markets

## Progress in CMS/CCIIO 11 Core Areas

- ▶ **Providing Assistance to Individual and Small businesses, coverage, appeals, and complaints: TBD**
- ▶ **Business Operations/Exchange Functions: TBD**



# Next Steps

## ▶ **Level I grant and continuance on core functions**

- Grant being written by OSHHR, with input from DMAS, BOI, and VDH. RWJF technical assistance being provided.
- Seek funding for core staff for Exchange, RFP, additional research (that cannot be completed with support from RWJF)
- Submit by June 29, 2012

## ▶ **VHRI meetings**

- May 3: Essential Health Benefits
- May 24: Business Model
- June 13: Essential Health Benefits, SHOP, Brokers and Navigators
- Additional meetings will be planned

## Next Steps

- ▶ **Monthly Program Integration Meetings/Monitoring Timelines and Accomplishments**
  - OSHHR
  - BOI, VDH, DMAS
  
- ▶ **RFP for Technology for Development and Implementation of Eligibility System/Exchange**
  - First priority is Medicaid eligibility

# Exchange Five Core Functions

<b>Eligibility</b>	Accept applications from individuals and small businesses; conduct verifications of applicant information; determine eligibility for enrollment in a Qualified Health Plan and for insurance affordability programs; determine employer and employee eligibility for SHOP enrollment; connect Medicaid and CHIP-eligible applicants to Medicaid and CHIP; and conduct redeterminations and appeals.
<b>Enrollment</b>	Enrollment of consumers into qualified health plans; transactions with Qualified Health Plans and transmission of information necessary to initiate advance payments of the premium tax credit and cost-sharing reductions.
<b>Consumer Assistance</b>	Consumer support assistors; education and outreach; Navigator management; call center operations; website management; and written correspondence with consumers to support eligibility and enrollment.
<b>Plan Management</b>	Plan selection approach (e.g., active purchaser or any willing plan); collection and analysis of plan rate and benefit package information; issuer and QHP certification, monitoring and oversight; ongoing issuer account management; issuer outreach and training; and data collection and analysis for quality.
<b>Financial Management</b>	Premium aggregation for SHOP (option to administer individual consumer premiums); user fees; financial integrity; support of risk adjustment, reinsurance, and risk corridor programs.

# Exchange Timeline

